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The Family Planning Effort Index: 81 Developing Countries, 2009

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OBJECTIVE

To measure the types and levels of effort of national FP programs (separately from outputs like fertility and CPR).

- Continues unique series from 1972 to 2004
- Covers 93% of the developing world
- 81 countries, including the largest ones in each region
- 31 measures of effort, organized into 4 components:
 1. Policies
 2. Services
 3. Evaluation (M&E)
 4. Access to Contraceptive Methods



THE FAMILY PLANNING PROGRAM EFFORT INDEX

A. Policy and Stage-Setting Activities

- Government's official policy or position concerning fertility/family planning and rates of population growth
- Statements by leaders
- Level of family planning program leadership
- Policy on age at marriage
- Import laws and legal regulations regarding contraceptives
- Permission to advertise contraceptives in the mass media
- Involvement and support of other ministries/government agencies
- In-country budget for program

B. Services and Service Arrangements

1. Involvement of private sector agencies and groups
2. Use of civil bureaucracy
3. Wide variety of programs
4. Community-based distribution
5. Social marketing
6. Postpartum programs
7. Home-visiting workers
8. Administrative structure
9. Training programs
10. Personnel carry out assigned tasks
11. Logistics and transport
12. Supervision
13. Mass media for information, education, and communication
14. Incentives/disincentives

C. Evaluation

1. Recordkeeping
2. Evaluation
3. Management use of evaluation findings

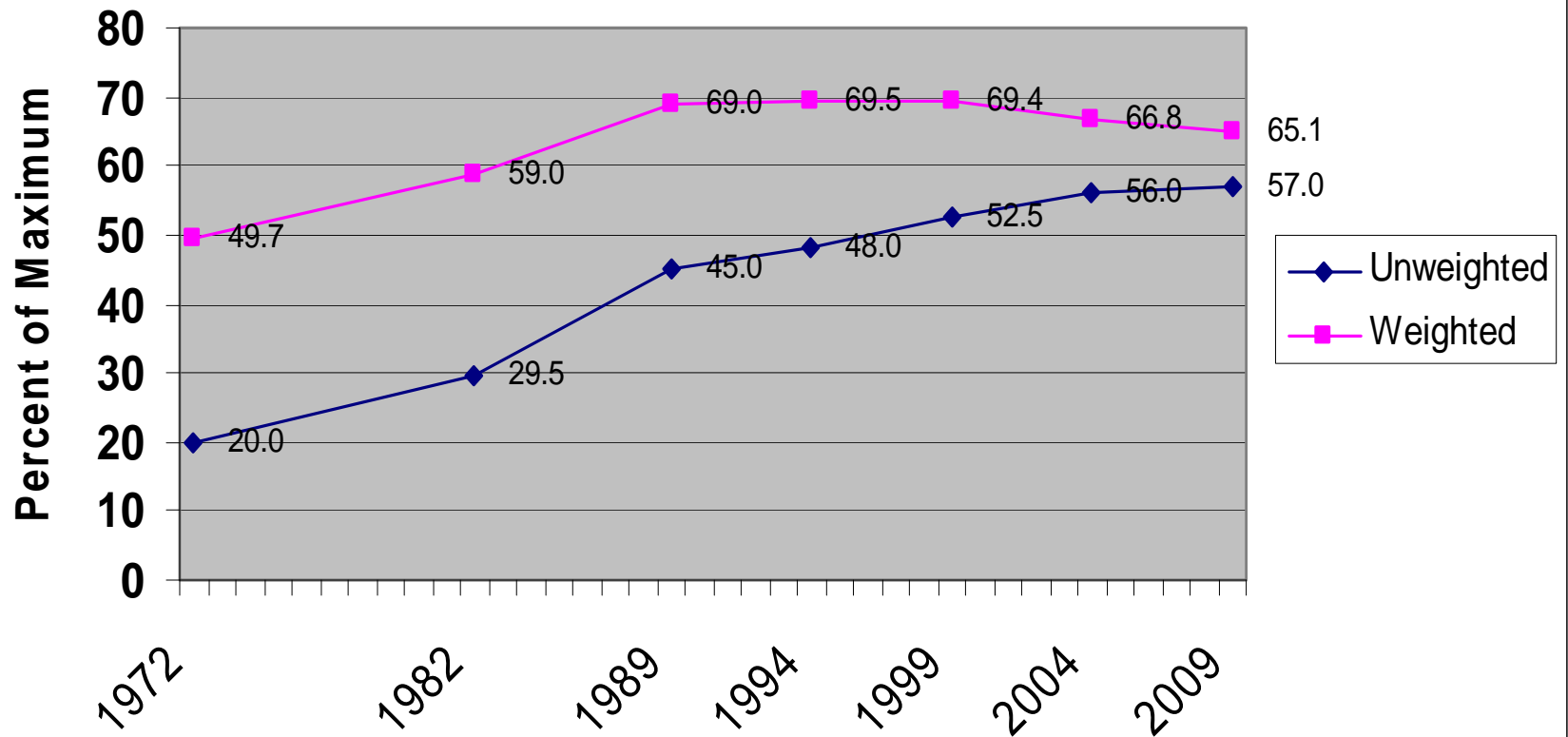
D. Access to Methods

1. Male sterilization
2. Female sterilization
3. Pills
4. Injectables
5. Condoms
6. Intrauterine devices
7. Safe abortion

BRIEF METHODOLOGY

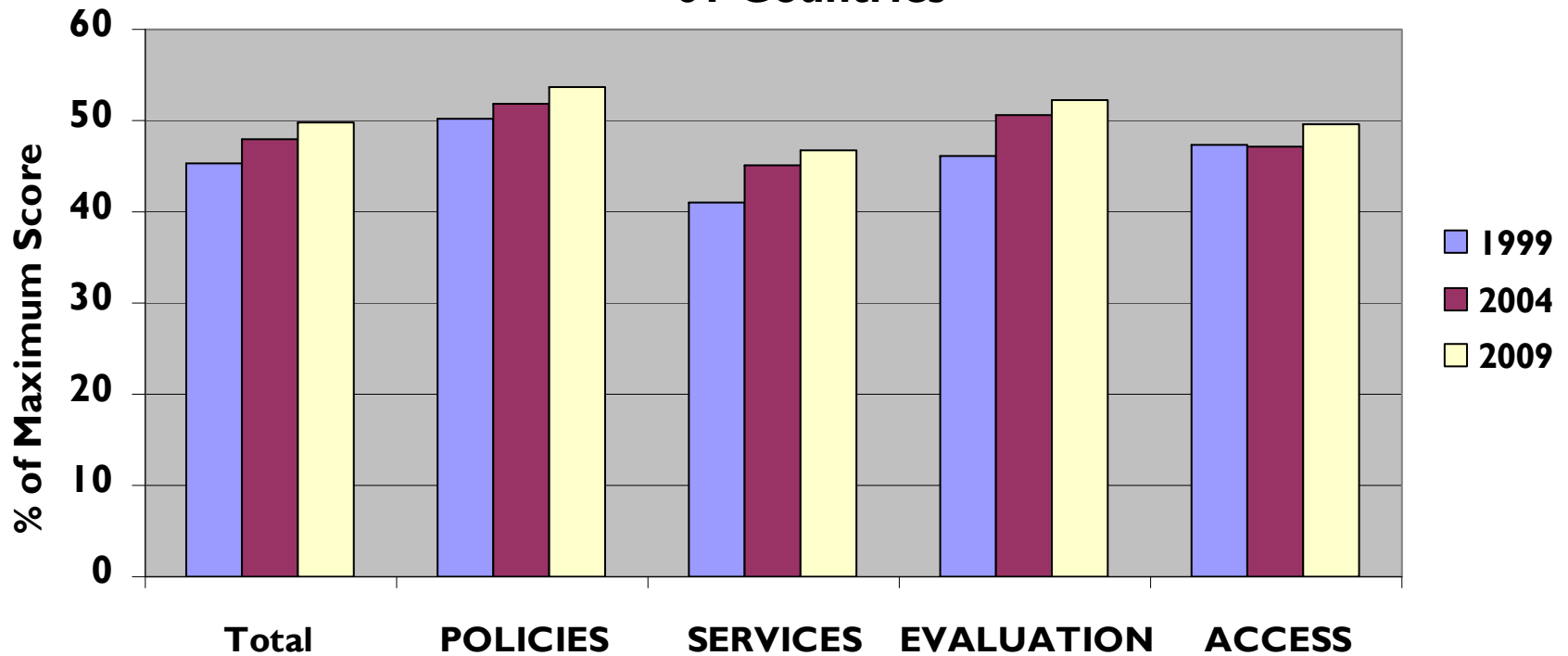
- 800 respondents of four types, via country consultants. “Judges” method to capture special variables.
- Each measure of effort is scaled from 1 to 10 where 1 is very weak and 10 is very strong.
- Results are shown as percent of maximum effort (100).
- Country averages are used; weighted averages are higher.

37 Year Time Trend for the Total Score

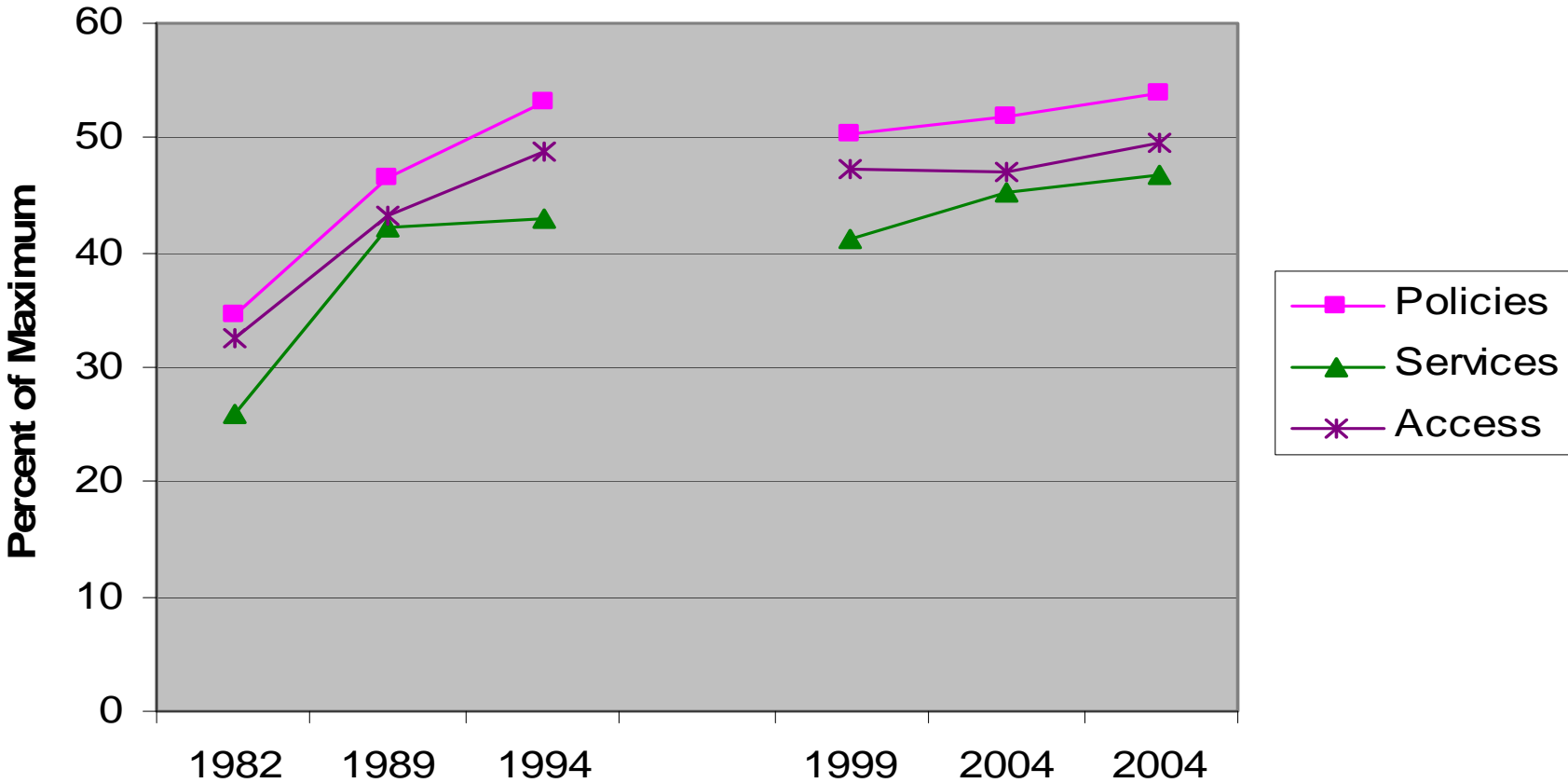




Total and Four Component Scores, 1999, 2004, and 2009 61 Countries

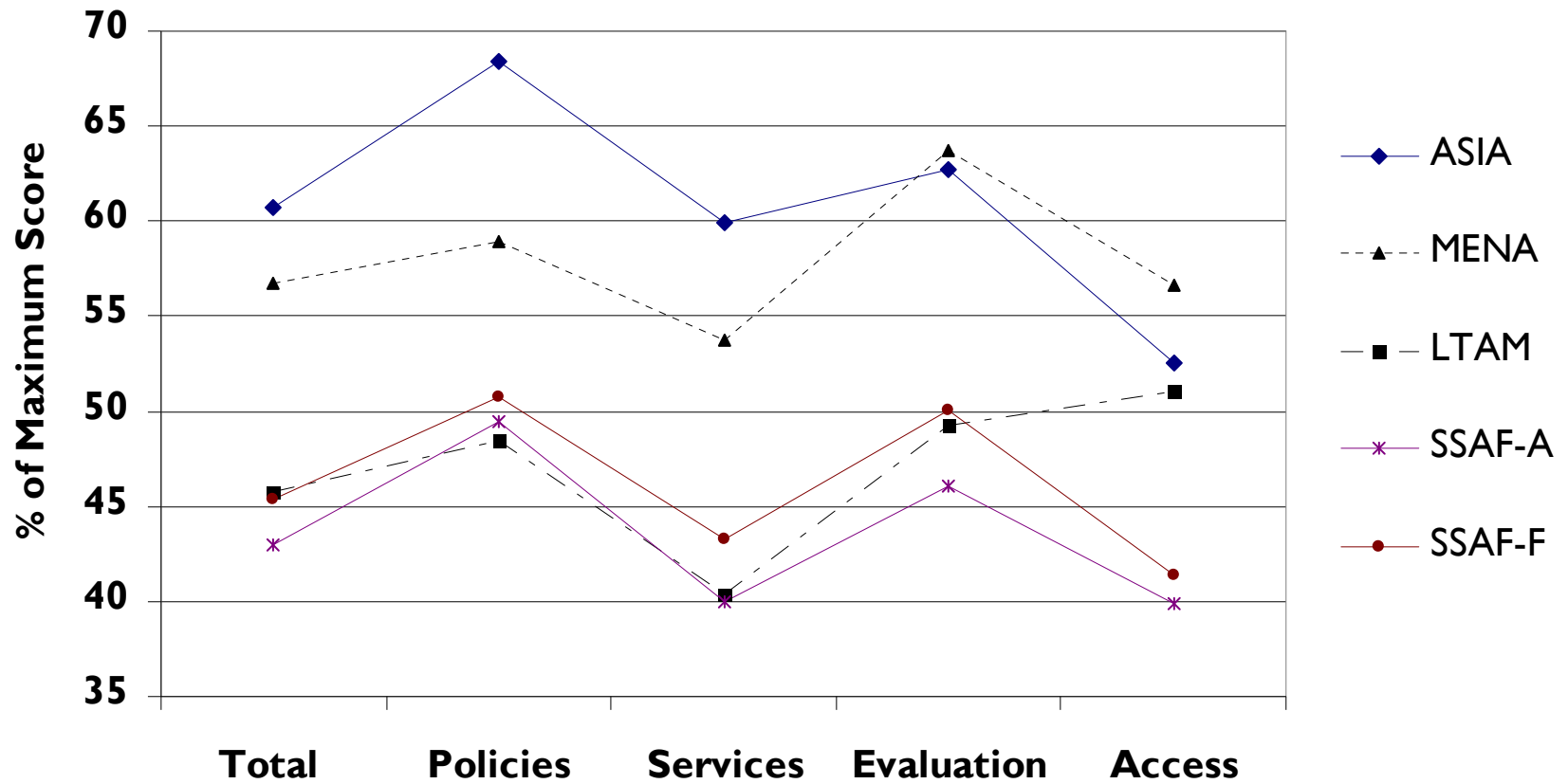


27 Year Trend in Score Components



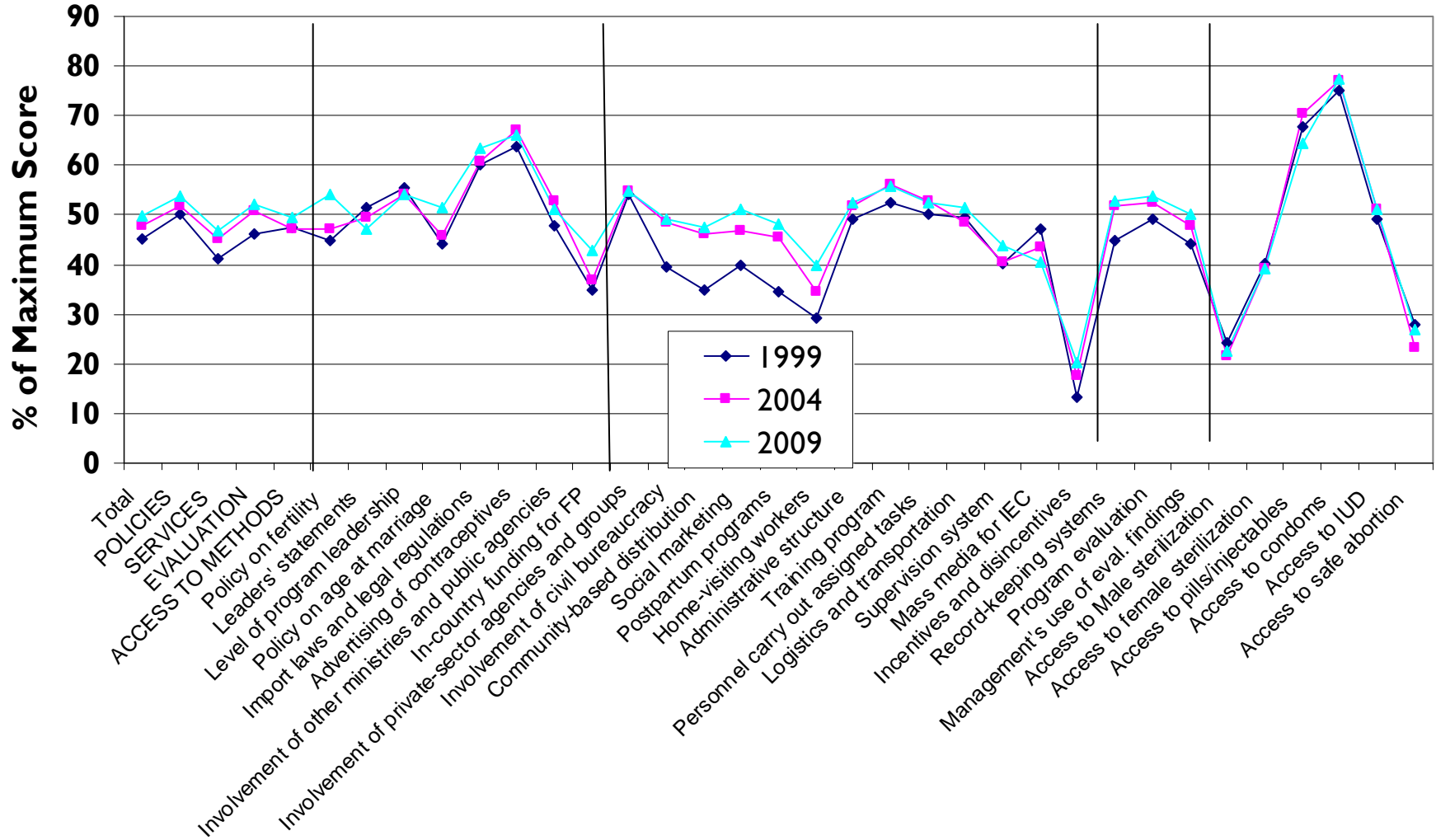


Regional Patterns for Total Score and Four Components





Average Scores for All Indicators: 61 Common Countries, 3 Cycles





RELATION OF FERTILITY AND PREVALENCE TO PROGRAM EFFORT

Sequence of Effects:

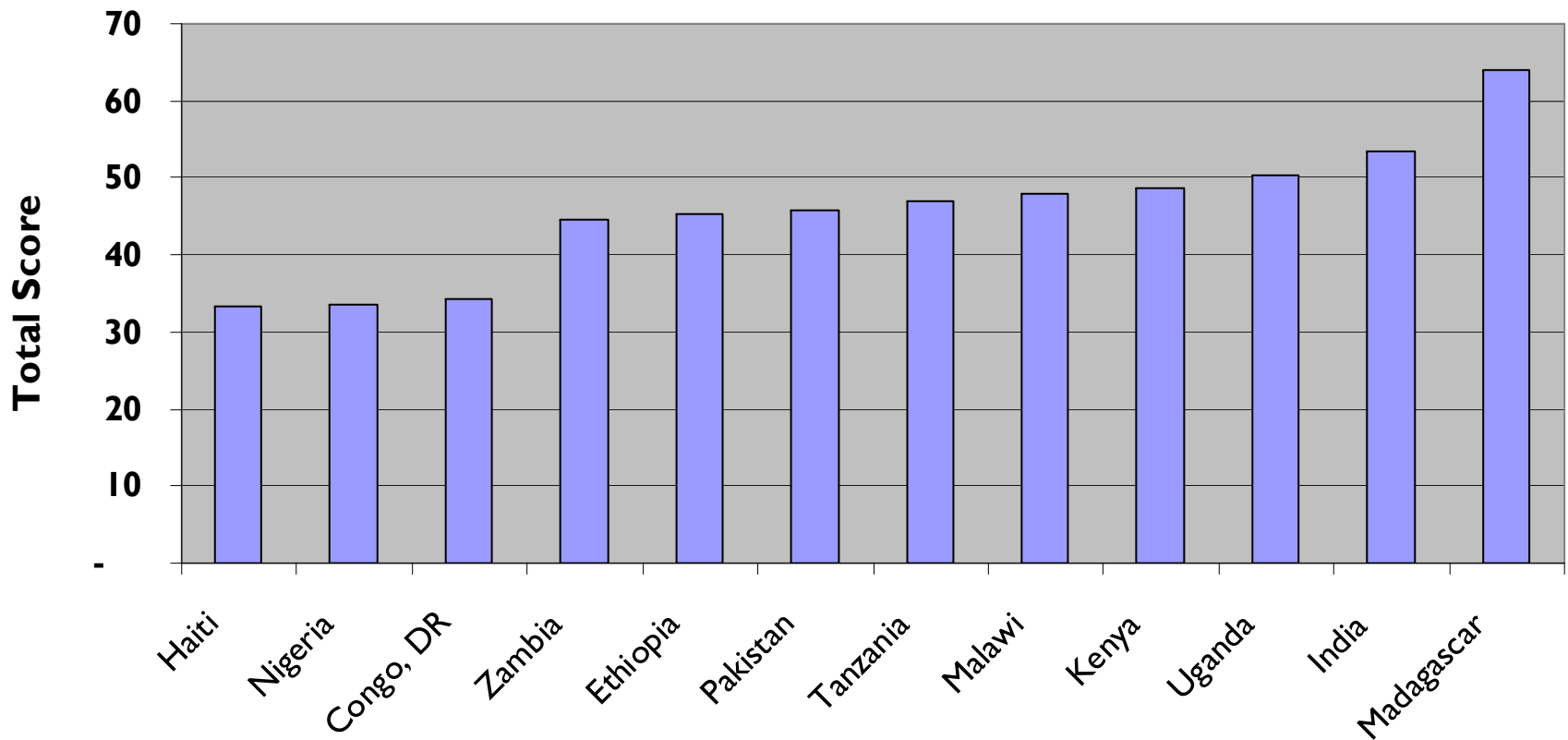
Policies to Services to Access to CPR and TFR

- All of these inter-correlate across the 81 countries
- CPR and TFR respond to Access and to Total Effort
- The social setting also matters (HDI measure)
- Joint effects are important

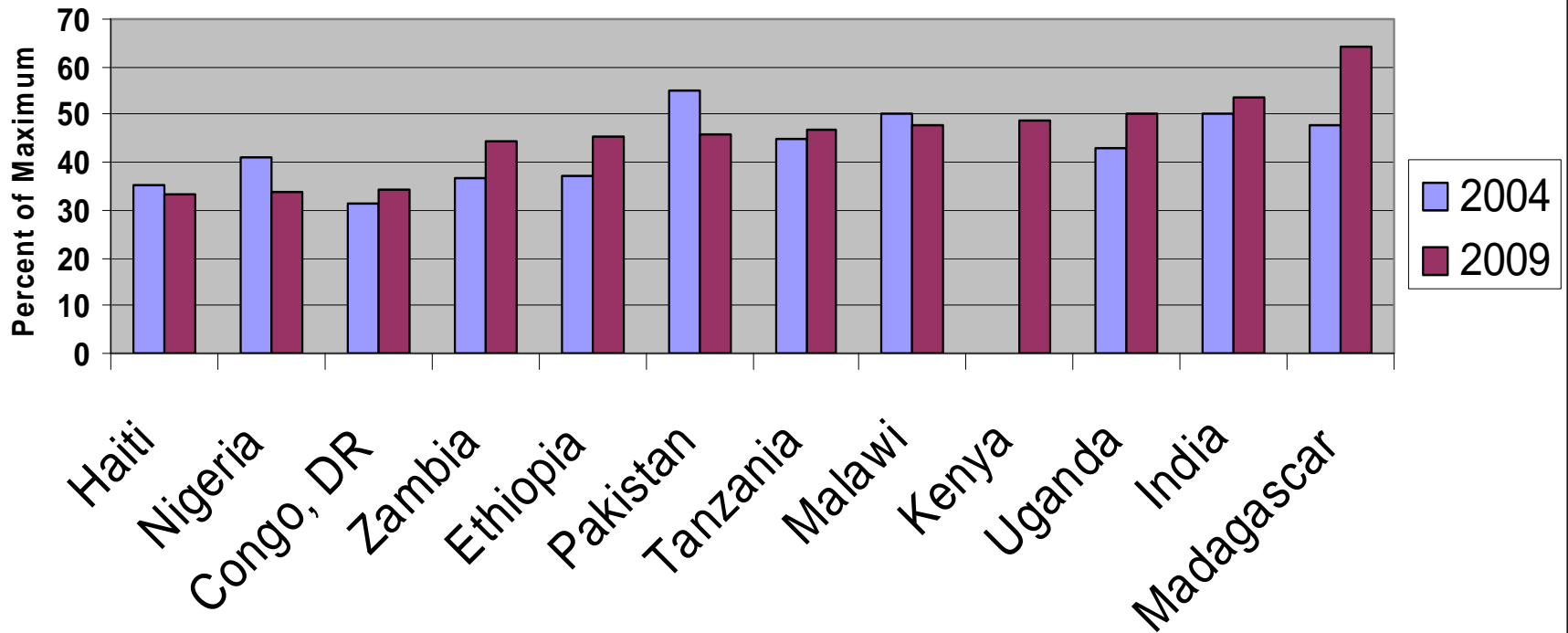
REVIEW

- Policy scores lead the others, and they have improved in each 5-year period. They are quite high in some countries (6 score above 70%). Among all low scorers, fewer countries score very low on Policies than on Services or Access (among bottom 10 or 15).
- Favorable policies then are a leading indicator: necessary but not sufficient to improve services.

Priority Countries: Total Effort Score, 2009



Priority Countries: Change in Total Score, 2004 to 2009

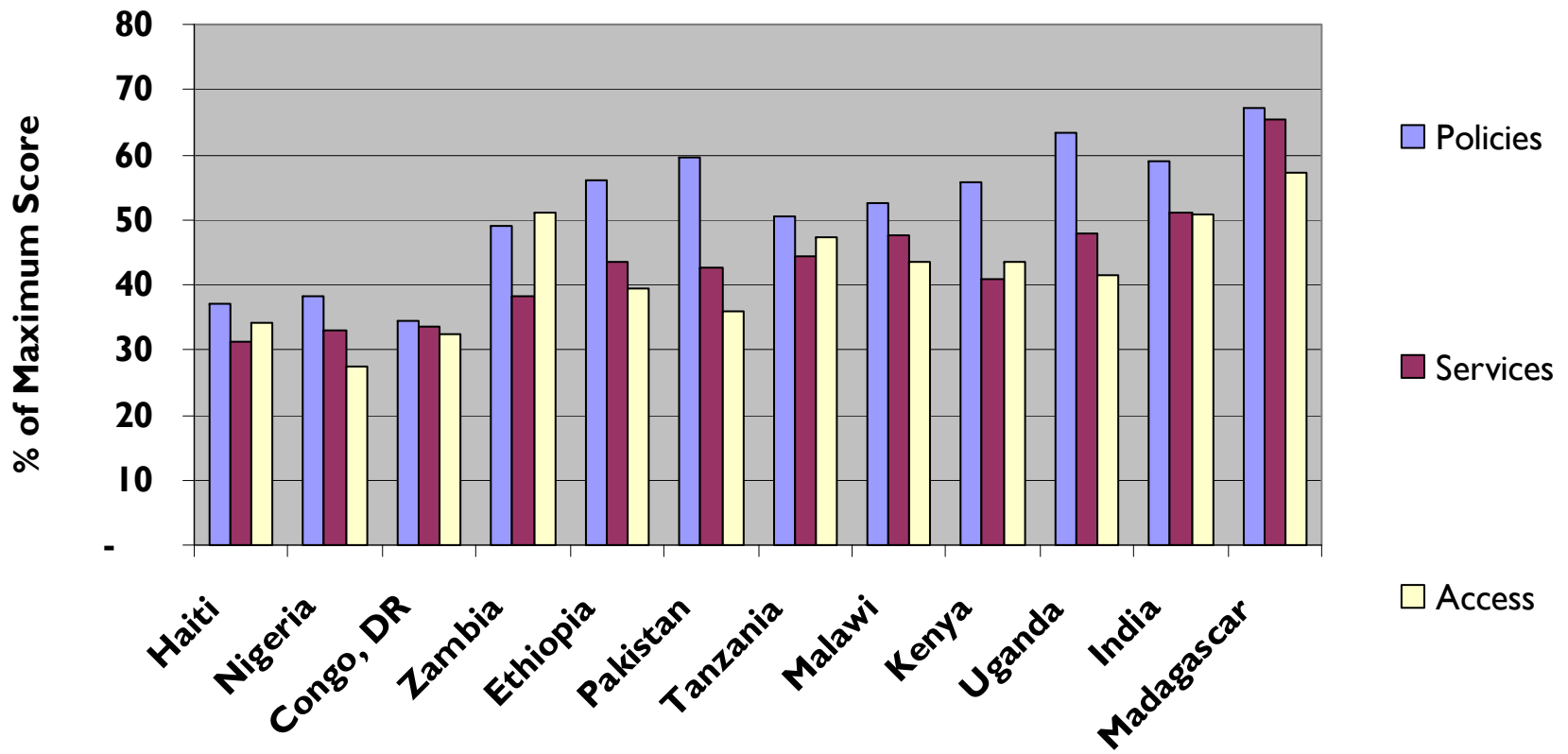


TAKE-HOME MESSAGES

- In 2009, national FP programs once again increased their average level of effort—though by a small amount and only to about half of maximum effort. (More if weighted)
- Outer influences on them are worst for poorer domestic and international funding. The HIV epidemic is especially problematic in Anglophone Africa.
- The actual “profile” or “pattern” of effort across the 3 I indicators has remained nearly constant. Some program features are stressed much more than others; some are consistently neglected.

- Access to contraceptive methods is greatest for the pill and condom and least for vasectomy and the injectable—although regions vary greatly in which methods are stressed.
- Usually, only one or two modern methods are stressed in each country, limiting choice.
- So there is much potential, and need, for strengthening of the programs, whether they are self-standing or merged into an MCH context.
- In particular, actual access to a choice of methods is poor.

Priority Countries: Three Component Scores



Priority Countries: Change in Total Score, 1999, 2004, and 2009

